The University Corporation
San Francisco State

Room ADM 361
1600 Holloway Ave.
San Francisco, CA 94132

ucorp.sfsu.edu

PROCUREMENT CARD PROGRAM AGREEMENT & CFS ACCESS

Cardholder Name: _____ SFSU UIN:_____

UCorp Fund Acct #: _____ Dept ID/Name:_____ Phone Ext:_____ SFSU Email:_____

Card Agreement

I accept the authority and responsibility to utilize the UCorp Procurement Card issued to me. I also agree to verify the accuracy of the billings, upon receipt of the monthly statement from the bank, and to forward the statement, along with all of the required supporting itemized receipts (including items purchased, amounts, price and vendor), and a completed Monthly Purchase Report to my Approving Official, within five (5) working days after the close of each billing cycle. If a card is lost, I agree to notify the bank, and the P-Card Coordinator/UCorp immediately. If my card is stolen, I agree to notify the Campus Police in addition to the bank and P-Card Coordinator/UCorp.

I understand that the Procurement Card is to be used *only* for purchases authorized by the UCorp in accordance with UCorp, SFSU, & CSU policies, and agree not to loan my card to another employee. I understand that I am personally liable for any misuse of the card, including any and all items which appear on the Prohibited Items List. I agree to repay the total amount determined to be misuse within 15 days of notification. If said amount is not paid within 15 days, I understand that my obligation may be referred for collection.

If I leave the UCorp project which authorized my Procurement Card, or if I terminate my employment with San Francisco State University or UCorp, I agree to return my Procurement Card to my Approving Official, prior to my termination date.
I understand that any misuse of the Procurement Card may result in the immediate revocation of Procurement Card privileges, and that I will be held personally liable for such misuse as set forth above.

CFS User Agreement

I certify that I have read and understood the Information Technology Resources Acceptable Use Policy (http://www.sfsu.edu/~itpolicy/aup.html) and I agree to abide by the practices stated therein.

I understand that I am being granted access to this information/data based on my agreement to comply with the following terms and conditions:

- I will comply with state/federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including information that is accessible through oral, written, or electronic means
- My right to access information is strictly limited to the specific information/data that is relevant and necessary for me to perform my job-related duties
- I am prohibited from accessing information that is not relevant and necessary for me to perform my job-related duties
- I will maintain the privacy and confidentiality of the information that I obtain
- I will make every reasonable effort to interpret the information I obtain in an accurate and professional manner and will not modify or delete information unless authorized to do so
- I will ensure that the recipient is authorized to receive information and understands his/her responsibilities as a user before sharing information/data with others by any means
- I will store and secure confidential/sensitive information, data, reports, etc. in a manner that will maintain their confidentiality when I am not actively using it
- I will dispose of confidential/sensitive information/data in a manner that will preserve its confidentiality when I have finished using them

I understand that if I misuse personal information/data/electronic systems that I obtain through my employment, I will be subject to disciplinary action.

I have read, understand and agree to the above terms and conditions.

_____ _____ _____/_____ _____
Cardholder Signature **Date** **Approving Official Printed Name / Signature** **Date**

= Office Use =

_____ _____ _____ _____
UCorp Signature **Date** **P-Card Coordinator Signature** **Date**